	M	ULTIP	LE DE	PENDE	NT CLA	IM	SERIA	L NO ₄			RILLING			
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								10/5	0 565447			FILING DATE		
ļ		(FOR U	JSE WIT	H FORM	PTO-875			CANT(S)						
 			AT	TER	T. 475		CLAIMS							
	AS FILED		i*AM	1 AMENDMENT		TER ENDMENT		AS	AS FILED		AFTER		AFTER	
<u> </u>	IND.	DEP	IND.	DEP.	IND.	DEP.]	IND	DEP.	IND.	DEP.	IND.	ENDMENT	
2				 	 	 	<u>51</u> 52					AND.	DEP.	
3						 	$\frac{32}{53}$						<u> </u>	
5	-	 	-				54		-	 	ļ			
6	 	 	·	 	 	ļ	55				 	<u> </u>	 	
7			1	 	 	 	56							
8						 	57 58	-						
9 10							59				ļI			
11	 		┪	 	!		60							
12			1	 	 	<u> </u>	61	-			7		 	
13					 	 	62 63		-					
14 15	 						64							
16	1			 			65		i					
17	1	-	1				66			7- 1				
18							67 68	_}						
19	 						69	-	-					
20 21			 				70		 					
22			 				71							
23			1		-		72						· · ·	
24.							73	 	 					
25 26		<u> </u>	 				75	1						
27			 				76							
_ 28							77	<u> </u>						
29							78 79	-	 					
30 31							. 80	1	 					
32	<u> </u>		ļ				81							
33							82	-						
34					,		83 84	-	 					
35· 36						· · · · · ·	85	 	1					
37			 				86		<u>\</u>		 -	<u> </u> -	- 	
38							87	 						
39							88	 						
40 41							90	 	 -		-	-		
42							91							
43						}	92							
44							93 94	 						
45							95	 	 -	 -				
46				[. 96							
48		-,			}-		97							
49					 -		98 99	 	——I					
50							100	1						
OTAL IND.		4	;	4		4	TOTAL IND		4		4		1	
OTAL DEP			151	4 2		4 2	TOTAL DE		4		4			
TOTAL CLAIMS			C33		8		TOTAL CLAIMS			1		1		
PTO - 1360 (REV. (1/04)						- Farmer		U.S. DEPARTM	ENT of COS	IMERCE		04 166	

BEST AVAILABLE COPY